

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-5824951 FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1						51			
2	1		1						52			
3	1		1						53			
4	1		1						54			
5	1		1						55			
6	2		2						56			
7	2		2						57			
8	①		①						58			
9	1		1						59			
10	1		1						60			
11	1		1						61			
12	1		1						62			
13									63			
14									64			
15									65			
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40									90			
41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.	2		2						TOTAL IND.			
TOTAL DEP.	12	↓	12	↓					TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	14		14						TOTAL CLAIMS			